

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936,985 BILLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		2		1	
4	8		8		1	
5	6		6		1	
6	8		8		1	
7	8		8		1	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	1		1		1	
12	1		1		1	
13	1		1		1	
14	1		1		1	
15	1				1	
16	1				1	
17	1				1	
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TOTAL IND.	7		3		3	
TOTAL DEP.	12	↔	11	↔	12	↔
TOTAL CLAIMS	19	↔	14	↔	15	↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.		↔						
TOTAL DEP.		↔						
TOTAL CLAIMS		↔						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS